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Letter to the Editor

Reply to "Impact of drug-resistant epilepsy on sleep in children: How they behave?"

Dear Editor

We would like to thank the Editor-in-Chief for giving us the opportunity to respond to the points mentioned in Sharawat KI et al.'s letter. We also would like to thank Sharawat KI et al for their affirmative criticism about our recent article [1] published in Epilepsy and Behavior.

We compared sleep architecture among children with drug-resistant focal epilepsy, newly diagnosed, drug naive focal epilepsy, and healthy children by an overnight V-PSG recording, and the Children's Sleep Habits Questionnaire (CSHQ). For this comparison, we calculated the sample size by analysis of variance test based on the sample size table published by Cohen [2]. For a study design with 0.05 type 1 error, 80% power and small size effect (as corrected) medium effect size (0.25), a minimum of 35 subjects in each groupwere found to be required. All group subjects were organized according to this assumption. After the handicaps mentioned in Sharawat KI et al.'s letter, we performed a new statistical analysis according to their guidance. We recalculated the post hoc power of results in our cases to provide a more accurate estimate. Comparisons between the control group and subgroups of patients with epilepsy (drug-resistant and newly diagnosed) were performed using the nonparametric Kruskal–Wallis analysis of variance (ANOVA) for unpaired datasets. Then for multiple comparisons A Tukey post hoc test was applied. The standardized effect size for each significant intergroup difference was calculated as Coheńs d. We calculated the alpha error to control the false positivity rate by Tukey's test first; then we used Bonferroni correction. We found a negligible difference between the two analyses. We used the same comparison for each group as Sharawat KI et al suggested.

We agree with your opinion about the description of the IQ and behavioral comorbidities of children with epilepsy both drug-resistant and drug naive cases. We also believe that it would add to the literature. Children with drug-resistant epilepsy were already receiving more than two antiepileptic drugs. Therefore, we were not able to the V-PSG parameters with each antiepileptic drug solely.

We hope to perform a further prospective study in a larger sample of children with drug-resistant epilepsy and correlate the V-PSG parameters with the use of different antiepileptic drugs, seizure frequency, EEG localization, and spike-wave index to determine whether these parameters would correlate with the degree of sleep abnormalities.

Declaration of Competing Interest

All authors declare that there is no competing interest.

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